| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 445288 | A. BUILDING _____ B. WING _____ | C 12/16/2010 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| HUNTSVILLE MANOR | 287 BAKER STREET HUNTSVILLE, TN 37756 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| F 000 | INITIAL COMMENTS<br><br>Investigation of C/O #26119, #26650, #26813 and #26903 was conducted December 7-9, 2010, at Huntsville Manor. No deficiencies were cited for C/O #26119. | F 000 | F278 483.20 (j) Resident Assessment<br><br>**Corrective action(s) accomplished for those residents found to have been affected by the deficient practice;**<br>1. The MDS Assessment of Resident #17 has been corrected and accurately reflects the resident's status.<br><br>Completion date: 12/20/10<br><br>**Identify other residents having the potential to be affected by the same deficient practice and what corrective action taken:**<br>2. 100% audit of residents charts has been completed by the MDS Coordinator and MDS Assistant to verify all residents MDS assessments accurately reflect the resident's status.<br><br>Completion date: 12/23/10<br><br>**Measures/systematic changes put in place to ensure the deficient practice does not recur;**<br>3. In-service conducted by the Administrator with the MDSC, and the Assistant MDSC on "Ongoing Assessment of Resident's Progress/Status".<br><br>Completion date: 12/23/10<br><br>Physician orders, history & physical, psychological and/or behavior updates are reviewed in regularly scheduled morning meetings by MDSC to verify accuracy of MDS assessment to assure reflection of resident's status.<br><br>**Monitoring of corrective action to ensure the deficient practice will not recur;**<br>4. DON and ADON ( or Risk Manager in Absence of DON or ADON) will audit 5 resident charts per week for 4 weeks to assure accurate reflection of resident's status of MDS assessment. | |
| F 278 SS=D | 483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED<br><br>The assessment must accurately reflect the resident's status.<br><br>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.<br><br>A registered nurse must sign and certify that the assessment is completed.<br><br>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.<br><br>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment.<br><br>Clinical disagreement does not constitute a material and false statement.<br><br>This REQUIREMENT is not met as evidenced by: | F 278 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Carla Bullard — TITLE: Administrator — (X6) DATE: 12/22/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 278 | Continued From page 1<br>Based on medical record review and interview, the facility failed to accurately assess one resident (#17) with Pressure Ulcers of twenty-eight residents reviewed.<br><br>The findings included:<br><br>Resident #17 was admitted to the facility on July 1, 1999 with diagnoses including End-Stage Alzheimer's Disease, Peripheral Vascular Disease, Congestive Heart Failure, Diabetes Mellitus, Hypoglycemia, Acute Renal Failure, Hypertension and Chronic Obstructive Pulmonary Disease. Review of a "Resident Admission (readmission) Body Audit" dated June 24 and 25, 2010, revealed the resident had two stage 4 Pressure Ulcers on the heels and two stage 2 Pressure Ulcers on the buttocks.<br><br>Medical record review of the Minimum Data Set (MDS) dated July 13, 2010, revealed the resident had no Pressure Ulcers.<br><br>Interview on December 9, 2010, at 10:20 a.m., in the conference room, with the Licensed Practical Nurse (Treatment Nurse) confirmed the resident had two stage 4 Pressure Ulcers on the heels and two stage 2 Pressure Ulcers on the buttocks at the time of the body assessment dated June 24, 2010 (by the former Treatment Nurse). Continued interview with the Treatment Nurse confirmed the wounds did not heal prior to the resident's death (September 16, 2010).<br><br>Medical record review and interview on December 9, 2010, at 10:40 a.m., in the conference room, with Licensed Practical Nurse #4/MDS Coordinator confirmed the MDS dated July 13, 2010, was not correct and failed to reflect | F 278 | Overall findings will be reported to the NHA immediately when policy is not adhered to.<br><br>Failure to adhere to facility policy will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy.<br><br>Report of overall findings and subsequent disciplinary action, if applicable will be reported to the facility Quality Assurance (QA) Committee (consisting of DON, Medical Director, ADON, NHA, Risk Manager, MDSC, Pharmacy Consultant, Registered Dietician, Wound Care Nurse) to review the need for continued intervention or amendment of plan.<br><br>5. Completion date: | 12/31/10 |

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| F 278 | Continued From page 2<br>the stage 4 Pressure Ulcers to the heels and the stage 2 Pressure Ulcers to the buttocks. C/O #26650, #26903 | F 278 | F312 483.25 (a)(3) ADL Care Provided For Dependent Residents<br><br>**Corrective action(s) accomplished for those residents found to have been affected by the deficient practice;**<br>1. Resident #5 was provided the necessary services for personal and and oral hygiene.<br><br>Completion date: 12/7/10<br><br>Teachable moment was given to nurse #1 and aides #1, #2, #3 on date of finding.<br><br>**Identify other residents having the potential to be affected by the same deficient practice and what corrective action taken:**<br>2. 100% audit of residents whom are unable to carry out activities of daily living was conducted by Director of Nursing, ADON, MDS Coordinator, Social Service Director, and Dietary Manager to verify all residents have received the necessary services to maintain oral hygiene.<br><br>Completion date: 12/10/10<br><br>**Measures/systematic changes put in place to ensure the deficient practice does not recur;**<br>3. In-service conducted by the Risk Manager for the licensed nursing staff and certified nursing assistants on "Oral Hygiene"<br><br>Completion date: 12/23/10<br><br>Guardian Rounds are conducted daily by department managers to assure that oral hygiene needs have been met with all residents. | |
| F 312 SS=D | 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS<br><br>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, observation and interview, the facility failed to provide oral care for one (#5) of twenty-eight residents reviewed.<br><br>The findings included:<br><br>Resident #5 was admitted to the facility on March 3, 2008, with diagnoses including Osteoarthrosis, Esophageal Stricture and Chronic Obstructive Pulmonary Disease. Medical record review of the Minimum Data Set dated November 21, 2010, revealed the resident required limited assistance with hygiene and received greater than 50% (percent) of nutrition through a feeding tube.<br><br>Observation on December 7, 2010, at 1:30 p.m., revealed the resident lying in bed with tube feeding at 70 ml (milliliters) per hour. Observation revealed the resident's lips and mouth were dry and mucus streamed from the resident's upper lip to the lower lip.<br><br>Observation of the resident and interview with the Licensed Practical Nurse (LPN #1) and Certified | F 312 | | |

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| F 312 | Continued From page 3<br>Nursing Assistants (CNA #1 and #2) on December 7, 2010, at 1:43 p.m., confirmed the resident was in need of oral care and confirmed oral care had not been provided on December 7, 2010. Observation of the resident and interview on December 7, 2010, at 1:47 p.m., with CNA #3 and at 1:50 p.m., with CNA #4 confirmed oral care had not been provided on December 7, 2010.<br>CO #26903 | F 312 | **Monitoring of corrective action to ensure the deficient practice will not recur;**<br>4. DON and ADON ( or Risk Manager in Absence of DON or ADON) will assess 5 residents per week of whom cannot carry out daily activities of daily living for 4 weeks to assure accurate reflection of resident's oral care has been met.<br><br>Overall findings will be reported to the NHA immediately when policy is not adhered to.<br><br>Failure to adhere to facility policy will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy.<br><br>Report of overall findings and subsequent disciplinary action, if applicable will be reported to the facility Quality Assurance (QA) Committee (consisting of DON, Medical Director, ADON, NHA, Risk Manager, MDSC, Pharmacy Consultant, Registered Dietician, Wound Care Nurse) to review the need for continued intervention or amendment of plan.<br><br>5. Completion date: | 12/31/10 |
| F 456 SS=E | 483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION<br><br>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure resident equipment was maintained for six (#22, #23, #24, #25, #26 and #27) of twenty-eight residents reviewed.<br><br>The findings included:<br><br>Resident #22 was admitted to the facility on November 12, 2010, with diagnoses including Chronic Back Pain, Congestive Heart Failure, Hypertension, Edema and History of Falls. Medical record review of the Minimum Data Set (MDS) dated November 19, 2010, revealed the resident required limited assistance with bed mobility and transfers and required extensive assistance with ambulation.<br><br>Observation on December 8, 2010, at 11:35 a.m., revealed the resident was being transported in a | F 456 | | |

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| F 456 | Continued From page 4<br>wheelchair on the 100 hall by the Physical Therapy Technician (#1). Observation revealed the vinyl material on the right arm rest of the wheelchair was torn and had jagged edges with foam protruding from the armrest. Observation revealed the tear was four inches in length. Observation revealed the resident had no skin tears or reddened areas near the location of the torn armrest.<br><br>Observation and interview on December 8, 2010, at 11:35 a.m., on the 100 hall, with the Physical Therapy Technician (#1) confirmed the armrest of the wheelchair was in need of repair.<br><br>Resident #23 was admitted to the facility on November 9, 2007, with diagnoses including Cerebral Palsy, Convulsions, Head Injury, Anxiety and Joint Contracture. Medical record review of the MDS dated November 5, 2010, revealed the resident was totally dependent on staff for all activities of daily living and was not ambulatory (able to walk).<br><br>Observation on December 8, 2010, at 1:40 p.m., revealed the resident sitting in the wheelchair. Observation revealed the vinyl covering on both armrests was torn with foam exposed. Observation revealed the right armrest was missing one inch of foam padding with the metal frame exposed.<br><br>Observation and interview on December 8, 2010, at 1:40 p.m., with Licensed Practical Nurse (LPN) #3 confirmed the wheelchair was in need of repair.<br><br>Resident #24 was admitted to the facility on October 9, 2010, with diagnoses including | F 456 | F456 483.70 (c)(2)Essential Equipment, Safe Operating Condition<br><br>**Corrective action(s) accomplished for those residents found to have been affected by the deficient practice;**<br>1. The equipment for Resident #22, #23 #24, #25, #26, and #27 was assessed by the Maintenance Director to assure equipment is in safe working order.<br><br>Completion date: 12/8/10<br><br>In-service conducted by Administrator with the Maintenance Supervisor and the Maintenance Assistant on daily rounds, weekly audits, and 72 hour follow up in conjunction with preventive maintenance.<br><br>Completion date: 12/10/10, 12/21/10<br><br>**Identify other residents having the potential to be affected by the same deficient practice and what corrective action taken:**<br>2. 100% audit of residents equipment was completed by Maintenance Supervisor and the Maintenance Assistant to assure all equipment is in safe operating condition.<br><br>Completion date: 12/17/10<br><br>**Measures/systematic changes put in place to ensure the deficient practice does not recur;**<br>3. In-service conducted by the Administrator with the Maintenance Supervisor and Maintenance Assistant on "The Preventive Maintenance Program and Schedule"<br><br>Completion date: 12/21/10<br><br>In-service conducted by the Risk Manager with all staff on "Preventive Maintenance Program and Reporting"<br><br>Completion date: 12/27/10 | |

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| F 456 | Continued From page 5<br>Diabetes Mellitus, Hypertension, Anxiety and Osteoporosis. Medical record review of the MDS dated October 15, 2010, revealed the resident was totally dependent on staff for all activities of daily living and was not ambulatory.<br><br>Observation on December 8, 2010, at 1:16 p.m., revealed the resident in a geri chair. Observation revealed the left arm of the padding on the geri chair was torn ½ inch with padding exposed. Observation revealed three tears to the footrest with padding exposed. Observation revealed the resident had no skin tears to the arms or legs.<br><br>Observation and interview on December 8, 2010, at 1:16 p.m., with LPN #3 confirmed the geri chair was in need of repair.<br><br>Resident #25 was admitted to the facility on January 18, 2005, with diagnoses including Acute Renal Failure, Alcoholic Hepatitis, Aplastic Anemia, Neurogenic Bladder and Hypertension. Medical record review of the MDS dated October 8, 2010, revealed the resident required extensive assistance with all activities of daily living.<br><br>Observation on December 8, 2010, at 1:25 p.m., revealed the resident sitting in a wheelchair. Observation revealed the vinyl covering on the armrest was torn; the foam padding was missing; and the metal frame was exposed. Observation revealed duct tape had been placed on the armrest to within ½ inch of the end of the armrest.<br><br>Observation and interview on December 8, 2010, at 1:25 p.m., with LPN #3 confirmed the wheelchair was in need of repair.<br><br>Resident #26 was admitted to the facility on | F 456 | Guardian Rounds are conducted daily by department managers to assure that all equipment is in safe operating condition.<br><br>**Monitoring of corrective action to ensure the deficient practice will not recur;**<br>4. Administrator and Risk Manager will will assess 5 pieces of patient care equipment per week for 4 weeks to assure in safe operating condition.<br><br>Overall findings will be reported to the NHA immediately when policy is not adhered to.<br><br>Failure to adhere to facility policy will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy.<br><br>Report of overall findings and subsequent disciplinary action, if applicable will be reported to the facility Quality Assurance (QA) Committee (consisting of DON, Medical Director, ADON, NHA, Risk Manager, MDSC, Pharmacy Consultant, Registered Dietician, Wound Care Nurse) to review the need for continued intervention or amendment of plan.<br><br>5. Completion date: | 12/31/10 |

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| F 456 | Continued From page 6<br>November 16, 2006, with diagnoses including Subarachnoid Hemorrhage (Stroke), Alcohol Abuse and History of Falls. Medical record review of the MDS dated October 19, 2010, revealed the resident required limited assistance with activities of daily living.<br><br>Observation on December 8, 2010, at 1:20 p.m., revealed the resident sitting in a wheelchair. Observation revealed the vinyl padding on both armrests was frayed with the foam padding exposed. Observation revealed the resident had no skin tears or damage in the area of exposure to the worn armrests.<br><br>Observation and interview on December 8, 2010, at 1:20 p.m., with LPN #3 confirmed the wheelchair was in need of repair.<br><br>Resident #27 was admitted to the facility on September 18, 2002, with diagnoses including Dysphagia, Insomnia, Depression, Hypertension, Diabetes and Peptic Ulcer. Medical record review of the MDS dated October 22, 2010, revealed the resident required extensive assistance with activities of daily living and did not ambulate.<br><br>Observation on December 8, 2010, at 1:15 p.m., revealed the resident lying in bed. Observation revealed the right armrest of the wheelchair in the resident's room was torn with the foam padding exposed, and the covering of the left armrest was frayed. Observation revealed the resident had no skin tears in the area of the arms, which would rest on the armrests.<br><br>Observation and interview on December 8, 2010, at 1:15 p.m., with LPN #3 confirmed the wheelchair was in need of repair. | F 456 | | |